

Introduction

Injuries are the leading cause of hospitalization and the 10th leading cause of hospital deaths in Sri Lanka. Majority of the injury victims are in the productive age group (15 to 44 years) and cause devastating consequences to the injured person as well as the lives of family members and community.

As this growing burden of injuries challenge economic and social development, the Government of Sri Lanka has recognized prevention and management of injuries as a priority area of work.

Thus the Ministry of Health has taken the initiative to develop the National policy and strategic framework on injury prevention and management with input from government officials, experts and stakeholders engaged in injury prevention.

Scope of the current policy document:

The National policy will cover the unintentional injuries¹ among all age groups through following levels of prevention.

1. **Primary prevention** - Which involves interventions aimed at reduction in the exposure to risk and prevention of injuries from occurring, through adoption of safer behaviours and safer environments.
2. **Secondary prevention** - Which involves interventions that can provide early detection and appropriate management of an injury event to prevent more serious consequences. (pre-hospital care, emergency trauma care).
3. **Tertiary prevention** - Which involves interventions to reduce the likelihood of disability and management of disabilities due to injury (rehabilitation).

Intentional injury is addressed through the Mental Health Policy. Secondary prevention and selected aspects of tertiary prevention are seen as common to all types of injury and this policy addresses the service structures that are required. The Disaster preparedness policy is coherent with this policy in service delivery aspects.

¹ Definition of unintentional injury is given in annex A

National policy and strategic framework on injury prevention & management in Sri Lanka

Vision

Injury free Sri Lanka

Mission

The mission is to reduce the frequency and severity of injuries by incorporating injury prevention strategies into everyday life of people.

Policy goal

To minimize injury events and reduce injury morbidity, disability and mortality in Sri Lanka

Key Strategies

The following strategic areas are identified and prioritized to achieve the policy objective.

- 1) Strengthen coordinated action for injury prevention.
- 2) Raise awareness on gravity of the injury problem & prevention of injuries.
- 3) Maintain and recommend legislative and regulatory mechanisms supporting injury prevention.
- 4) Empower community and stake holders to design and develop safe environments
- 5) Strengthen the organization capacity to provide optimum post event care and rehabilitation of the injury victim.
- 6) Strengthen the injury information system and promote research

Strategic Objectives

Strategic objectives are identified under each strategic area

Strategy 01: Strengthen coordinated action for injury prevention

Objectives:

- 1) Strengthen the National Committee for Prevention of Injuries (NCPI) to enhance coordination mechanism and to ensure integration of injury prevention efforts.
(shall be represented by : Health, Transport, Highways and Roads Development, Department of Motor Traffic, National Transport Commission, Police, Labour, National Institute of Occupational safety and Health (NIOSH), Education, Justice, Provincial Councils & Local Governments, Social Services, Treasury, Ministry of Mass Media and Information, Insurance Board)
- 2) Develop and implement plans to coordinate and guide injury prevention at different levels: National, Regional, and Community.

Strategy 02: Raise awareness on gravity of the injury problem and prevention of injuries

Objectives:

1. Create awareness and acceptance among policy makers, professionals and general public that most injuries can be prevented.
2. Incorporate module on Injury Prevention into the curricular for primary, secondary and relevant undergraduate education.
3. Develop and include Injury Prevention module in relevant in-service training programmes in the respective departments.
4. Encourage individuals and groups to be actively involved in injury prevention.
5. Encourage positive attitudes towards safety promotion and injury prevention among all.

Strategy 03: Maintain and recommend legislative and regulatory mechanisms supporting injury prevention

Objectives:

- 1) Strengthen implementation and enforcement mechanisms of existing legislation and regulations.
- 2) Support compliance by formulating and updating guidelines, code of practices and standards to the communities.
- 3) Identify deficiencies in existing legislative and regulatory mechanisms
- 4) Recommendation, introduction or modification of the legislation and Regulations that facilitate injury prevention.

Strategy 04: Empower community and stake holders to design and develop safe environments

Objectives:

- 1) Promote safe environment through empowerment of individuals, families and communities.
- 2) Ensure safety and freedom from injury as a key component in all development projects and programs.
- 3) Improve environments and products to reduce the likelihood of injuries occurring as a result of human error.

Strategy 05: Strengthen the organization capacity to provide optimum post event care and rehabilitation of the injury victim.

Objectives:

1. Strengthen appropriate pre-hospital care for injury victims.
2. Strengthen basic emergency care available at primary level institutions.
3. Strengthen emergency care available at secondary and tertiary level institutions.
4. Strengthen appropriate rehabilitation and integrated services available at primary, secondary and tertiary level institutions.
5. Strengthen appropriate rehabilitation and integrated services available in the community

Strategy 06: Strengthen the injury information system and promote research

Objectives:

1. Develop and implement National Injury Surveillance system
2. Establish mechanism for systematic dissemination of information among the stakeholders and community periodically.
3. Identify research priority in the area of injury prevention.
4. Promote research to fill deficiencies in injury information and convert research into practice.
5. Disseminate Annual Report to all sectors in a timely manner

Coordinating mechanism

Appropriate coordination mechanisms will be established at the national, provincial and District level. The NCD Prevention and Control Unit of the Ministry of Health is the focal point for injury prevention and will serve as the operational and overall coordination body in implementing the National Injury Policy in the country. Director Non Communicable Disease (D/NCD) is the National Programme Manager for injury prevention and management in Sri Lanka.

Director Non Communicable disease will coordinate with different sector for proper implementation of National policy, in order to ensure that the national strategic plane on injuries is implemented through Director NCD provincial health plans, monitor and evaluate injury prevention and management programmes to ensure the availability of resource effective implementation of the policy. The NCD Unit is managed by the Director under the supervision and guidance of the Deputy Director General (Medical Services 1). A sustainable financial mechanism will be ensured for implementation of the Injury policy efficiently.

Responding to local need and circumstances, PDHSs and RDHSs will develop integrated provincial and district plans that are consistent with the national policy after consulting relevant stakeholders.

At the provincial level, implementation of the injury prevention program will be coordinated by the Provincial Consultant Community Physician (or Medical Officers in their absence) under supervision of PDHS. Implementation of the district plans will be coordinated by Medical Officer Non Communicable Disease (MONCD) under supervision of RDHS. MONCD is the District Program Manager (District Focal Point) for the Injury Prevention Program.

Implementation

A medium term operational plan (3-5 year) and annual plans shall be formulated from this strategic framework. The strategic plan on injury prevention and management shall guide the preparation of implementation plans at provincial and district level.

It is vital to liaise with the Provincial Health Ministries to ensure smooth implementation of the program. Therefore, it is recommended that each province/region formulate a provincial regional committee on prevention of injuries to facilitate better implementation of the activities within the respective areas.

Collaboration with NGO and community groups (Youth groups, Gramodaya and welfare organizations etc.) will enhance better delivery of the preventive activities at the grass root level.

Monitoring & evaluation:

Monitoring & evaluation shall take place according to the medium term and annual plan. This Plan will spell out the relevant performance indicators to be used at national, sub-national including institutional levels. A system of regular monitoring will be established at these levels.

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National Committee for Prevention of Injuries (NCPI)

The NCPI functions as the key technical body advising on implementation of the National Policy. It will be chaired by the Director General of Health Services, and constitute representation from relevant government agencies. The NCPI will recommend and support inter-sectorial actions required for prevention and management of injuries; evaluate the impact of implementation of policy measures and advice on modifications of the national policy as necessity arises; monitor the implementation of the national policy across the sectors and provide yearly reports for the National Health Council and Provincial Councils; flag up important issues that require advice to the National Health Council. Within the NCPI, for each specific type of injury; sub committees will be formed to coordinate the preventive efforts.

The NCPI is accountable to the Secretary of Health for policy implementation.

Technical Working Group (TWG) on Injuries

The TWG will consist of 8-10 members and will function under the Director NCD. The membership can be expanded as per the working requirements where additional members will be co-opted from representation from the relevant stakeholders.

Annexure A

The standard definition of an injury as used by WHO is: "Injuries are caused by acute exposure to physical agents such as mechanical energy, heat, electricity, chemicals, and ionizing radiation interacting with the body in amounts or at rates that exceed the threshold of human tolerance. In some cases (for example, drowning and frostbite), injuries result from the sudden lack of essential agents such as oxygen or heat" (WHO 2002).

It can be a bodily lesion resulting from acute exposure to energy in amounts that exceed the threshold of physiological tolerance, or an impairment of function resulting from a lack of one or more vital elements (i.e. air, water, warmth); as in drowning, strangulation or freezing. The time between exposure to the energy and the appearance of an injury is short (WHO, 2002)

The energy causing an injury may be:

1. Mechanical (e.g. an impact with a moving or stationary object, such as a surface, knife or vehicle)
2. Radiant (e.g. a blinding light or a shock wave from an explosion)
3. Thermal (e.g. air or water that is too hot or too cold)
4. Electrical
5. Chemical (e.g. a poison or an intoxicating or mind-altering substance such as alcohol or a drug).

Injuries are the acute, physical conditions listed in Chapter XIX and Chapter XX in the *International Statistical Classification of Diseases and Related Health Problems, Tenth revision* (ICD-10).

The above definition of an injury includes drowning (lack of oxygen), hypothermia (lack of heat), strangulation (lack of oxygen), decompression sickness (excess nitrogen compounds) and poisonings (by toxic substances). It does NOT include conditions that result from continual stress, such as carpal tunnel syndrome, chronic back pain and poisoning due to infections. Mental disorders and chronic disability, although these may be eventual consequences of physical injury, are also excluded by the above definition (WHO 2002).